

DBHDS Behavioral Health Update and Priorities

Behavioral Health Subcommittee

Joint Commission on Health Care

August 20, 2014

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Commissioner
Virginia Department of Behavioral
Health and Developmental Services



Overview

- DBHDS Core Principles
- Mental Health Law Changes and Update
- Psychiatric Bed Registry Demonstration and Update
- DBHDS Vision and Transformation



Core Principles

- Individuals can and do recover from mental illness and substance use disorders.
- Across the entire Commonwealth, Virginians should have access to quality mental health services.
- Interventions should be focused on prevention and early intervention.
- Services must be individualized, consumer-driven and family-focused.
- To best promote recovery, interventions should be holistic, and include necessary primary health care, housing and employment supports.



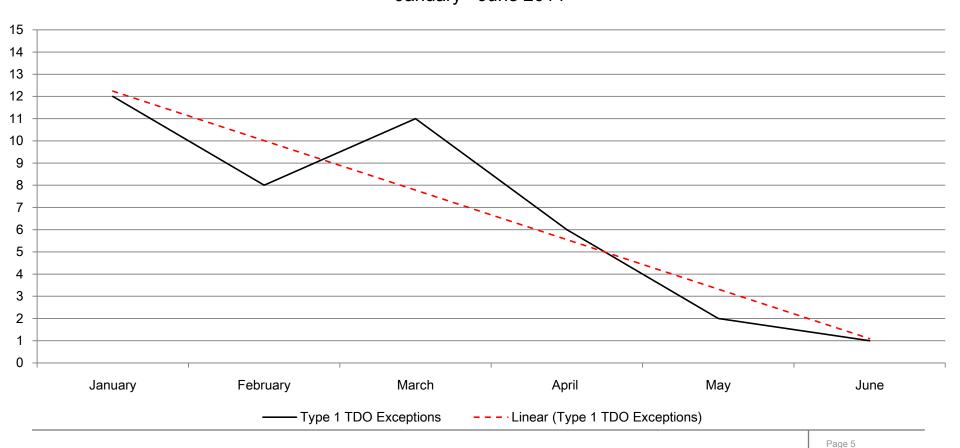
New Mental Health Laws and Operational Changes

- Change in the emergency custody order (ECO) and the temporary detention order (TDO) period.
- Mandated communication among state hospitals,
 CSBs and law enforcement.
- Updated medical clearance guidelines.
- Update regional protocols for CSBs and state hospitals.
- State-operated psychiatric hospitals are "last resort."
- Bed registry implementation and monitoring.



Reported Type I Events

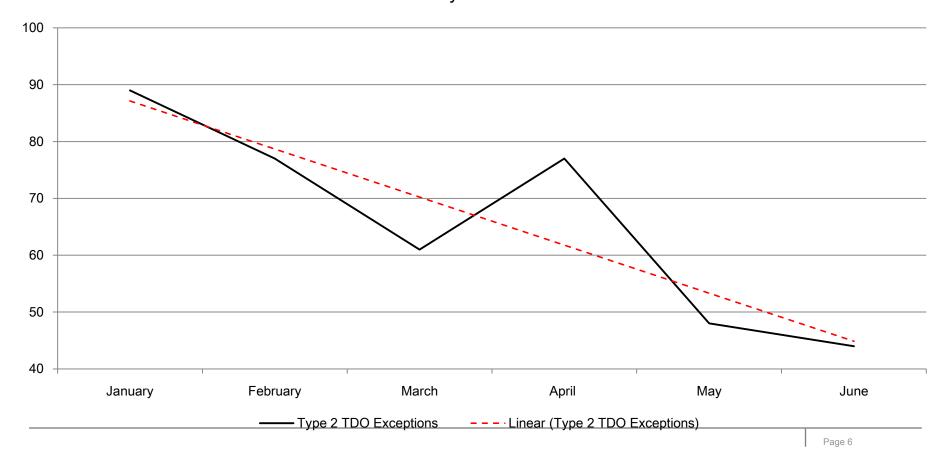
Year-to-Date
Type 1 TDO Exceptions
January - June 2014





Reported Type II Events

Year-to-Date
Type 2 TDO Exceptions
January - June 2014





Change in ECO and TDO Periods

Emergency Custody Order Period

- Changed from 4 hours with a possible 2 hour extension to a maximum of 8 hours.
- No extension in the ECO period.
- Began tracking exceptions to prior standard in January and collecting data on exceptions.

Temporary Detention Order Period

Maximum changed from 48 to 72 hours.



Mandatory Communication

New laws direct when:

- Law enforcement contacts CSB.
- CSB contacts primary state hospital.
- Individuals are informed in writing of the ECO/TDO process.



Medical Clearance Guidelines

- Updated these guidelines to reflect the level of medical care state hospitals are capable of providing.
- Guidance emphasizes physician to physician communication.
- Working with EDs to ensure that state hospitals can provide the care required of an incoming admission.
- New legislation did not contemplate medical issues or intend for transfer without regard for medical stability.
 - May need statutory revision to clarify this point.



Revised Regional Protocols

- Outline regional protocols for emergency services.
- Ensure that updated, correct information is available throughout the region.
- Identify emergency contacts within CSBs, private hospitals and state hospitals.
- Require CSB reporting of TDO exceptions to DBHDS.

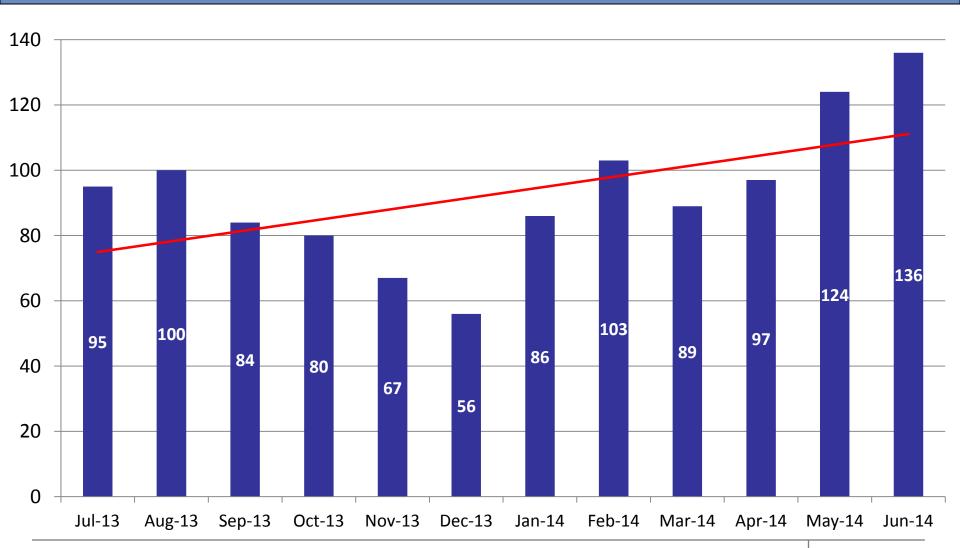


State Hospitals as Last Resort

- DBHDS worked to address these issues in advance of the effective date of the legislation to the extent possible.
- Conducted a "soft launch" of the new legislation to identify pressure points and resolve them.
- State hospital admissions increased 20% in the first half of calendar year 2014.
- Concerns about capacity and medical clearance.
- DBHDS received \$12.9M over the biennium for 50 additional beds at designated state hospitals.



Impact on State Hospitals Adult Civil TDOs FY 2014





Psychiatric Bed Registry



Welcome, Bill O'Bier



The purpose of this website is to help Community Service Board and hospital placement staff locate potentially available psychiatric beds for the temporary detention and treatment of individuals who meet the criteria for temporary detention pursuant to § 37.2-809.

This website is not intended to replace a facility's admission process and does not collect information on individual patients.







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PBR Version 2.07.14



Registry Search Capabilities

SEARCH AVAILABLE PSYCHIATRIC BEDS

Search for Available Psychiatric Beds

Select Region and Facility Type		Bed Criteria			
All Region Region 1: Northwestern VA Region 2: Northern VA Region 3: Southwestern VA Region 4: Central VA Region 5: Eastern VA Region 6: Southern Region Region 7: Catawba Region	State Hosp CSU Hosp	Child Adolescent Adult		Select Gender Male Female Select Type Locked Open	
Optional: Select Facility		Hospital Criteria			
	Accepts TDO Special Payer Types Accepted				
You can select more than one facility by holding the off key down	Straight Medicaid FAMIS FAMIS PLUS Virginia Premier Healthkeepers Plus Healthkeepers Plus MCO Southern Health/Carenet Optima Optima Family Care MCO	Amerigroup LIPOS EPSOT Medicaid Anthem Tricare Medicare Aetna Cigna Humana	OS Kaiser Permanente SDT Medicaid Magellan hem Lifesynch are United Behavioral Health ficare United Healthcare na Veteran Admin Fee For Service		
Last Step: Display Facilities With Available Beds		My Search History		Advanced Search	

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Bed Registry Search Example

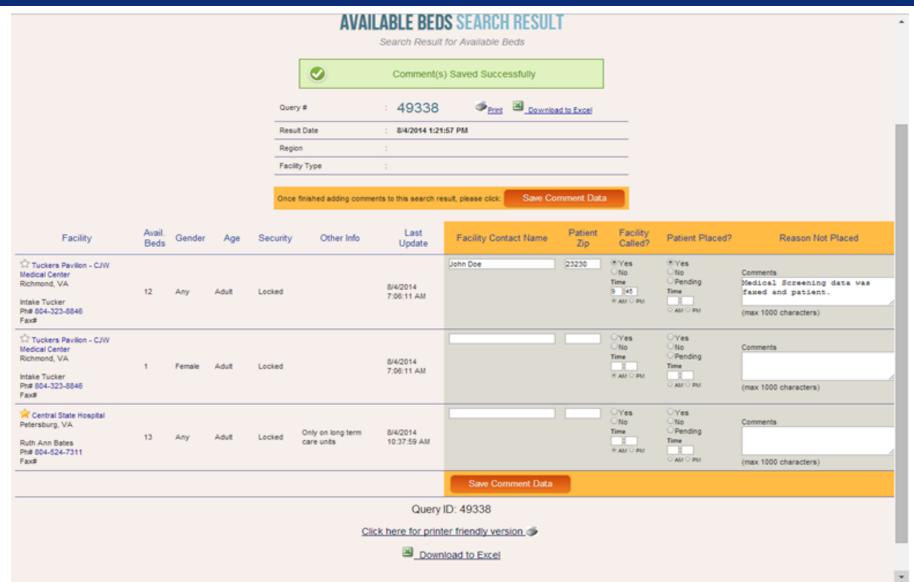
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■ All Region ■ Region 1: Northwestern VA ■ Region 2: Northern VA ■ Region 3: Southwestern VA ▼ Region 4: Central VA ■ Region 5: Eastern VA ■ Region 6: Southern Region ■ Region 7: Catawba Region	✓ State Hosp CSU Hosp	Select Age Category Child Adolescent Adult Geriatric Age ranges may vary by facility	Select Gender Male Female Select Type Locked Open			
Optional: Select Facility Hospital Criteria						
Bon Secours Richmond Community Hospital Accepts TDO Bon Secours St. Mary's Hospital						
Central State Hospital CJW Medical Center Henrico Doctor's Hospital - Parham Doctors' Hospital	Special Payer Types Accepted					
John Randolph Medical Center Poplar Springs Hospital Southern Virginia Regional Medical Center Southside Regional Medical Center VCU Health System Commonwealth Center for Children and Adolescents Piedmont Geriatric Hospital	Straight Medicaid FAMIS FAMIS PLUS Virginia Premier Healthkeepers P	LIPOS PROPERTY OF THE PROPERTY	Value Options Kaiser Permanente Magellan Lifesynch United Behavioral Health United Healthcare			
You can select more than one facility by holding the ctrl key down	Southern Health/Carenet Medicare Veteran Admin Fee For Optima Aetna Service Optima Family Care Cigna MCO Humana					



Bed Registry Search Results





Anecdotes From the Field

We look to make sure we are updating at least every eight hours (even if there is no change in status) and my staff is instructed to update whenever they are in the registry looking for a bed or when they become aware of a change in our census.

[The bed registry] has been of value on occasion; however, [my CSB] has 4 hospitals with psych beds in our catchment. With this many hospitals, our practice is usually to just call the closest hospital. 90% of the folks that we prescreen will end up at one of these 4 hospitals. If they are full, then we would default to the registry.

You all have done a great job with this project and it looks like it is headed in the right direction. The system still has work to be done because this is not going to fix everything.

We've had CSB pre-screeners call and say they checked a few hours ago and we had no beds but now show available beds and they are confused and wonder if we are updating our registry often enough. We explain that we cannot list a bed as available until the patient has officially been discharged which is why the registry may appear to be updated slowly at times.



DBHDS Vision for Mental Health

- Grounded in the principles of recovery and resiliency.
- Provides access to high quality services across Virginia.
- Includes well-functioning and responsive emergency services.
- Commits to prevention and early intervention.
- Deflects individuals with mental illnesses from inappropriate service systems (like criminal justice).
- Increased emphasis on children's behavioral health issues: particularly transition age youth.



DBHDS Transformation

• Commitment to Best Practices Implementation

- Calling on national expertise
- Incorporating lessons learned from other states
- Utilizing previous data, studies, and recommendations from former and current task forces and commissions

Accountability

- New Performance Contract Addendum
- Bed registry implementation and monitoring

Transparency

Information available on new DBHDS website

Communication

 Commitment to regular communication with stakeholders about changes in practice and policy

Collaboration

Working with system partners to incorporate their input



Transformation Method

- Commissioner-convened small transformation teams focused on four areas (initially):
 - Adult behavioral health,
 - Adult developmental services,
 - Children's behavioral health, and
 - Justice-involved behavioral health and developmental disability services.
- Identify structures and processes to aid, enhance and expand services delivery.
- Report on key deliverables in 6, 12, 18 and 24 months.



Reports and Studies

- Governor's Taskforce on Improving Mental Health and Crisis Response
- SJ 47 Subcommittee on Mental Health
- SB 627 Workgroup on Training Center Closures



DBHDS Vision: "A Life of Possibilities for All Virginians"

Our Mission:

"Supporting individuals by promoting recovery, selfdetermination, and wellness in all aspects of life"